

## **THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE**

**Medicaid Commissioner's Conference Room  
Cabinet for Health & Family Services  
275 East Main Street  
Frankfort, Kentucky  
November 1, 2016  
8:30 a.m.**

The meeting of the Therapy Services Technical Advisory Committee (TAC) was called to order by Beth Ennis, Chair.

The TAC members in attendance: Beth Ennis, Charlie Workman (telephonically), Linda Derosssett (telephonically), Bethany Berry (telephonically), and Leslie Sizemore (telephonically).

Medicaid staff in attendance: Stephanie Bates, Charles Douglass (telephonically), C.J. Jones (telephonically), Jessica Jackson, Jeana Jolly and Kathy Terry.

Others in attendance: Kathleen Ryan (telephonically) and David Crowley (telephonically), Anthem ; Cathy Stephens (telephonically), Humana-CareSource; Dell Frazee, Steve Houghland (telephonically) and Valerie Aiello (telephonically) , Passport; Pat Russell, WellCare; Laura Crowder and Cathy LaPointe, Aetna Better Health; Pam Marshall (telephonically), Marshall Pediatric Therapy.

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### **REVIEW AND APPROVAL OF SEPTEMBER 6, 2016 MEETING MINUTES:**

Dr. Ennis will again send out the meeting minutes to the TAC members and she asked to be notified if there were any changes or corrections to be made to the minutes.

### **OLD BUSINESS:**

- (a) Prior auth turnaround time in fee-for-service: Mr. Douglass stated that only the Waiver patients seeking OT, PT and speech prior authorizations will go through HP and that the regular fee-for-service clients that are outside the Waiver Program will still go through CareWise.

Ms. Bates did note that a provider letter will be coming out soon about completely getting rid of the EPSDT numbers and people having to have Medicaid provider numbers.

- (b) Precertification issues with eviCore: Dr. Ennis noted that there has been a turnaround with WellCare in the last several weeks of seeing a pattern of getting four-week authorizations with visits. Ms. Bates stated that the MCO contracts state that Interqual and/or Milliman must be used for precerts. Dr. Ennis stated the concern is that the Interqual and Milliman criteria are developed for an acute care population and not for a population with chronic conditions. A recommendation will be made to the MAC for the MCO contracts to be renegotiated to lengthen the precertification period beyond four weeks for therapies and to look at other classification systems other than Interqual and Milliman.
- (c) Meeting with Passport on criteria: Dr. Ennis has met with Passport to try and work through the process. Dr. Hoagland noted that Passport does have a relationship with eviCore, however, they are not using eviCore's criteria for determinations and that clinicians make the final determination of medical necessity.
- (d) Cabinet responses: Ms. Bates suggested making a recommendation to the MAC concerning the precertification issues.

### **NEW BUSINESS:**

- (a) Providers discussing dropping due to precert issues (WellCare, Aetna), MPPR (Passport): Dr. Ennis stated that MPPR was designed by Medicare to be applied to their rates but it is not a mandate that has to be applied to Medicaid. Medicaid rates are already reduced to 63% of that and then the MPPR adds another 25%, and providers cannot afford to continue seeing patients when they are not getting reimbursed at least the Medicaid baseline. Dr. Hoagland said he would take this back to the MCO for further review and research and will report back. Dr. Ennis will have clinicians forward some Passport claims' examples to her and she will forward them on to the MCO.
- (b) Chiro versus PT visits: Dr. Ennis stated that there is frustration from practitioners with chiropractic visits being counted as PT visits and then them being told that there is no way in the precert process to tell the difference. Ms. Ryan with Anthem and Ms. Frazee with Passport stated that the MCOs look at these on a provider type basis and keeps them separate. Dr. Ennis will go back to the clinicians that brought this issue

forward to get specific examples and will forward them on each of the MCOs.

- (c) Letters from Aetna requesting that a new order be received every three months rather than every six months: Ms. Crowder with Aetna will follow up on this and respond back to the TAC. Dr. Ennis will provide examples to Aetna.

PUBLIC COMMENT: There were no other public comments.

RECOMMENDATIONS TO MAC: There will be a recommendation made to the MAC concerning the precertification criteria.

The meeting was adjourned. The 2017 meeting dates are as follows: January 17, 2017; March 7, 2017; May 2, 2017; July 11, 2017; September 12, 2017; November 14, 2017.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 6<sup>th</sup> day of November, 2016.)